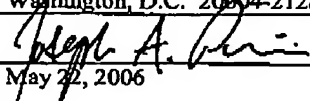


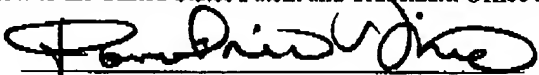
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MAY 22 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Patent Number:	7,036,085
		Issue Date:	April 25, 2006
		Application Number	10/007,387
		Filing Date	October 22, 2001
		First Named Inventor	Barbara L. BARROS
		Group Art Unit	2173
		Examiner Name	BONSHOCK, Dennis G.
Total Number of Pages in This Submission	2	Attorney Docket Number	036607-007

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph A Parisi Reg. No. 53,435 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	May 22, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300	
Date	May 22, 2006
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Typed or printed name Domitria Vieira	

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number:	7,036,085	MAY 22 2006
	Issue Date:	April 25, 2006	
	Application Serial No.	10/007,387	
	Filing Date:	October 22, 2001	
	First Named Inventor:	Barbara L. BARROS	
	Art Unit	2173	
	Examiner Name	BONSHOCK, Dennis G.	
Attorney Docket Number:	036607-007		

To: Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent.

The reasons for this request are:

The Client is handling the case and all related cases.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

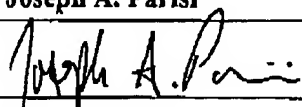
☐ Customer Number → Place Customer Number Bar Code Label Here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Barbara L. Barros				
Address	389 Beacon Street				
Address	# 8				
City	Boston	State	Massachusetts	Zip	02116
Country	U.S.A.				
Telephone	617-437-0503		e-mail	bbarros@stratav.com	

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Joseph A. Parisi	Registration No. 53,435
Signature		
Date	May 22, 2006	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.